



Canadian Coast Guard Auxiliary (Central and Arctic)

Group Accident Insurance

Declaration of Beneficiary(ies)

This is a brief summary of the insurance coverage currently provided by the Canadian Coast Guard Auxiliary (CCGA) for CCGA members and their vessels while on an Authorized Activity. The terms and conditions of insurance coverage are subject to change at any time and without prior notice.

1. *Hull and Machinery Protection and Indemnity.*
Provides protection for total loss subject to limits while on Authorized CCGA Activities. The CCGA member must refer to the actual policy(ies) for complete details, limitations and protection provided.
2. *Comprehensive General Liability.*
Provides protection against accidents which may occur during normal day to day operation of a CCGA unit (i.e. personal injury liability). The CCGA member must refer to the actual policy(ies) for complete details, limitations and protection provided.
3. *Group Accident*
Provides protection against accidental death, dismemberment and temporary total disability while on an Authorized Activity. The CCGA member must refer to the actual policy(ies) for complete details, limitations and protection provided.
4. *Excess Marine Liability.*
Provides additional insurance while on an Authorized Activity, for associated risks such as towing, salvage, and collision. The CCGA member must refer to the actual policy(ies) for complete details, limitations and protection provided.
5. *Directors and Officers Liability.*
Provides additional liability protection to those members who assume officer and director roles in the CCGA. Officer, Director and the CCGA members must refer to the actual policy(ies) for complete details, limitations and protection provided.
6. *Fiduciary Liability.*
Provides the CCGA with protection against financial misconduct on the part of it's officers, directors, and employees. The CCGA member must refer to the actual policy(ies) for complete details, limitations and protection provided.



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The following information to be completed by the CCGA member.

I, _____ CCGA member # _____
being a volunteer member of the Canadian Coast Guard Auxiliary (CCGA) Central and Arctic Inc. do
hereby name

Name _____

Address _____

Postal Code _____

Name _____

Address _____

Postal Code _____

Name _____

Address _____

Postal Code _____

As my beneficiary(ies) for benefits, if any, that may be payable under the CCGA Group Accident Policy(ies) in the event of my accidental death while on an Authorized Activity as described in the current Contribution Agreement between the Canadian Coast Guard (Central and Arctic) Inc. and the Minister of Fisheries and Oceans. I understand that if (a) specific beneficiary(ies) is (are) not named, benefits, if any, will be payable to my estate. I am aware of the protection provided and limitations of liability as detailed I the policy(ies).

Member Signature _____

Date _____

Witness _____

Address _____

Date _____

Instructions

1. Include full name and address of person(s) named as beneficiary (ies).
2. Include full name and address of witness.
- 3 The witness may be any person of legal age of majority in the Province or territory other than a person related to the beneficiary (ies).

- Copy 1 CCG
- Copy 2 Insurer
- Copy 3 CCGA Member

Page 2 of 2 Copies 1 and 2 are to be sent to the CCGA District Director.